

APPLICATION FOR REINSTATEMENT



EMPIRE CORPORATE KIT
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

8.04.12

1996 NOV 27 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G116231

1. Corporation Name
OTICENTRO, INC.

Principal Place of Business Mailing Address

1470 N.W. 107th AVENUE
SUITE "M"
MIAMI, FLORIDA 33172

REINSTATEMENT

*red
11/27/96*

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/82

5. FBI Number: 59-2262526

6. CERTIFICATE OF STATUS DERIVED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PVSD	DOMINGO A. PEREZ-RANGEL	1470 NW 107 AVENUE, STE "M"	MIAMI, FLORIDA 33172

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DOMINGO A. PEREZ-RANGEL 1470 N.W. 107th AVENUE SUITE "M" MIAMI, FLORIDA 33172		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.
Signature of Registered Agent: *[Signature]* Date: 11-19-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(A) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the record or trustee empowered to execute this application as provided for in chapters 607 or 617, F.S. I further certify that when I file this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and the fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if in under oath.
SIGNATURE: *[Signature]* Date: 11-19-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR